

**Government of the District of Columbia**  
**Department of Consumer and Regulatory Affairs**

Occupational and Professional Licensing Administration

PO Box 37200 Washington, DC 20013-7200

Board of Nursing Home Administration

Address All Communications  
to the Board



Re: \_\_\_\_\_

Dear Sir/Madam:

The person whose name appears above has applied for a license to practice as a Nursing Home Administrator in the District of Columbia. The District of Columbia Municipal Regulations, Title 17, Chapter 62 require that each applicant provide proof to the Board of Nursing Home Administration of successful completion training. Therefore, we would appreciate your assistance in verifying this applicants's training and experience as a nursing home administrator.

In addition to completing the evaluation form, the Board requires that each supervisor provide a narrative evaluation of the applicant's performance. Please attach this written evaluation to this evaluation form. The narrative evaluation should emphasize all aspects of the practice of nursing home administration outlined on page 3 and 4 of the information sheet. Any AIT reports or other written evaluations concerning the performance of the application may be included with your narrative evaluation.

Your assistance in completing this verification is appreciated.

Sincerely,

Clifford P Cooks  
Program Manager  
Application Division

[Attachment](#)